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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/424,247

10/30/2002

Francis Vanderbist

4068-0002-OP

7736

70076.0002USWO

**TITLE OF INVENTION:**

**DRY POWER INHALER EXCIPIENT, PROCESS FOR ITS PREPARATION AND PHARMACEUTICAL COMPOSITIONS**

**DRY POWDER INHALER EXCIPIENT, PROCESS FOR ITS PREPARATION AND PHARMACEUTICAL COMPOSITIONS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	06/26/2008 \$1400SHAH2 00000107 132725/2008	06/26/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	FC:1501	1400.00 DA
KIM, VICKIE Y	1618	424-689000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Merchant & Gould, P.C.

2. William E. Beaumont

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

June 22, 2006

Typed or printed name

William E. Beaumont

Registration No.

30,996

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